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FAX TRANSMISSION**DATE:** March 16, 2006**PTO IDENTIFIER:** Application Number 10/664,356-Conf. #4830
Patent Number**Inventor:** Rosen et al.**MESSAGE TO:** Examiner Hope Robinson**FAX NUMBER:** (571) 273-0957**FROM:** HUMAN GENOME SCIENCES, INC.

Doyle A. Siever

PHONE: (301) 354-3932**Attorney Dkt. #:** PS904**PAGES (Including Cover Sheet):** 21**CONTENTS:** Copies of:

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Application of:
Rosen et al.

Docket No.: PS904

Application Serial No.: 10/664,356-Conf. #4830

Art Unit: 1656

Filed: September 20, 2003

Examiner: H.A. Robinson

Title: HWHGLU54 Polypeptides (As Amended Herein)

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Application of:
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Docket No.: PS904

Application Serial No.: 10/664,356-Conf. #4830

Art Unit: 1656

Filed: September 20, 2003

Examiner: H.A. Robinson

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Filed: September 20, 2003

Examiner: H. Robinson

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1. Return Receipt Postcard;
2. Fee Transmittal (1 page);
3. Amendments and Provisional Election Under 37 C.F.R. §1.115, with amended Table 1A;
4. Petition for Extension of Time for one month (1 page, in duplicate); and
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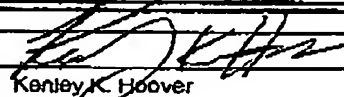
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-102). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number 10/664,356-Conf. #4830 Filing Date September 20, 2003 First Named Inventor Craig A. Rosen Examiner Name H. Robinson Art Unit 1656 Attorney Docket No. PS904	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		RECEIVED CENTRAL FAX CENTER MAR 16 2006	
TOTAL AMOUNT OF PAYMENT (\$) 0.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 08-3425 Deposit Account Name: Human Genome Sciences, Inc.	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims							360
Total Claims 17		Extra Claims - 24 =		Fee (\$)		Fee Paid (\$)	
Indep. Claims 2		Extra Claims - 4 =		Fee (\$)		Fee Paid (\$)	
3. APPLICATION SIZE FEE							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets		Extra Sheets		Number of each additional 50 or fraction thereof		Fee (\$)	
- 100 =		/ 50		(round up to a whole number) x		Fee Paid (\$)	
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge):							

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 40,302	Telephone 301-610-5771	
Name (Print/Type) Kentley K. Hoover	Date August 26, 2005		